

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005481

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registered Disposition

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 12 1963

3007

1366

VS 300
Rev. 4/59

10129

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123-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carter			
b. CITY (If outside corporate limits, give TOWNSHIP only) Poplar Bluff				Length of stay in lb 21 Days		c. CITY OR TOWN Van Buren	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Gen'l. Det.	
3. NAME OF DECEASED (Type or print) First Izetta Middle Lee Last Pettit				4. DATE OF DEATH Month March Day 2 Year 1963			
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-12-96	
9. AGE (last birthday) 66		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Wittington, Ill.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Virgil Sweetin		13b. MOTHER'S MAIDEN NAME Myrtle Day		14. NAME OF HUSBAND OR WIFE Everett Pettit	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				17. INFORMANT Address Everett Pettit Van Buren, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gm A.S. Unknow Interval between ONSET and DEATH Seven months Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 2-9-63 to 3-2-63 and last saw her/him alive on 3-2-63 Death occurred at 12:25 on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John R. Long, M.D.				22b. ADDRESS 330 North Second St. Poplar Bluff, Mo.		22c. DATE SIGNED 3-5-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 5, 1963		23c. NAME OF CEMETERY OR CREMATORY Van Buren		23d. LOCATION (City, town, or county) (State) Van Buren, Missouri	
24. FUNERAL DIRECTOR McSpadden		ADDRESS Van Buren, Mo.		25. DATE RECD. BY LOCAL REG. 3/7/1963		26. REGISTRAR'S SIGNATURE Shelma Graham	

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Allen C. McGee

Licensed Embalmer No.

4543

P. O. Address

Van Buren, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.